

Please type a plus sign (+) inside this box ☐

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	120671.90018
	First Named Inventor	Hilgemann, Anthony J.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	12/3/98
	Group Art Unit	
	Examiner Name	---

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for the Manufacture of Reduced and Low Fat Pasta Filata Cheese

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/03/1998

as United States Application Number or PCT International

Application Number

PCT/US98/25610

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/US98/25610	12/03/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith

☒ Firm Name **Quarles & Brady LLP** Customer or label Number

OR

☐ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☒ Customer Number or label  OR ☐ Fill in correspondence

Name					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor			
Given Name	Hilgemann	Middle Initial	J.	Family Name	Anthony
				Suffix e.g. Jr.	
Inventor's Signature				Date	
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				Country	USA
				Applicant Authority	

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) in this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any										A petition has been filed for this unsigned inventor									
Given Name	Nelles					Middle Initial			Family Name	Jakob					Suffix e.g. Jr.				
Inventor's Signature											Date								
Residence:		Maquoketa					State	IA		Country	USA			Citizenship	USA				
Post Office		1048 Pershing Road																	
Post Office																			
City	Maquoketa					State	IA		Zip	52060			Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any										A petition has been filed for this unsigned inventor									
Given Name						Middle Initial			Family Name						Suffix e.g. Jr.				
Inventor's Signature											Date								
Residence:							State			Country				Citizenship					
Post Office																			
City						State			Zip				Country				Applicant Authority		
Name of Additional Joint Inventor, if any										A petition has been filed for this unsigned inventor									
Given Name						Middle Initial			Family Name						Suffix e.g. Jr.				
Inventor's Signature											Date								
Residence:							State			Country				Citizenship					
Post Office																			
City						State			Zip				Country				Applicant Authority		
Name of Additional Joint Inventor, if any										A petition has been filed for this unsigned inventor									
Given Name						Middle Initial			Family Name						Suffix e.g. Jr.				
Inventor's Signature											Date								
Residence:							State			Country				Citizenship					
Post Office																			
City						State			Zip				Country				Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto																			

<b>DECLARATION</b>	<b>PRIORITY DATA</b> (Supplemental Sheet)
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(Supplemental Sheet)

[illegible]

Application Number	Filing Date (MM/DD/YYYY)

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

